CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Official Use Only

333/17

| NAME OF FILER (LAST) DULIEGE ANNE-TAR (1. Office, Agency, or Court Agency Name (Do not use acronyms) | R REGENERATIVE MEDECINE Your Position MEMBER OF FNDE PENDENT CITIZENS OVERSIGNT |
|--|--|
| 1. Office, Agency, or Court Agency Name (Do not use acronyms) | R REGENERATIVE MEDECINE YOUR Position MEMBER OF FNDEPENDENT CITIZENS OVERSIGNET |
| Agency Name (Do not use acronyms) | Your Position MEMBER OF INDEPENDENT |
| | Your Position MEMBER OF INDEPENDENT |
| call coolin | Your Position MEMBER OF INDEPENDENT |
| CALIFORNIA INSTITUTE FO | Your Position MEMBER OF INDEPENDENT |
| Division, Board, Department, District, if applicable | CITIZEN'S OVERSIGHT |
| | |
| ▶ If filing for multiple positions, list below or on an attachment. (Do not use | e acronyms) |
| Agency: | Position: |
| 2. Jurisdiction of Office (Check at least one box) | |
| | |
| ▼ State | ☐ Judge or Court Commissioner (Statewide Jurisdiction) |
| Multi-County | County of |
| City of | Other |
| 3. Type of Statement (Check at least one box) | |
| Annual: The period covered is January 1, 2016, through | Leaving Office: Date Left/ |
| December 31, 2016. | (Check one) |
| The period covered is/, through December 31, 2016. | The period covered is January 1, 2016, through the date of leaving office. -or- |
| Assuming Office: Date assumed | The period covered is/, through the date of leaving office. |
| Candidate: Election year and office sought, if | different than Part 1: |
| 4. Schedule Summary (must complete) ▶ Total number | of pages including this saver pages 9 |
| Schedules attached | of pages including this cover page:9 |
| Schedule A-1 - Investments - schedule attached | Schedule C - Income, Loans, & Business Positions – schedule attached |
| Schedule A-2 - Investments – schedule attached | Schedule D - Income - Gifts - schedule attached |
| Schedule B - Real Property – schedule attached | Schedule E - Income - Gifts - Travel Payments - schedule attached |
| -or- | |
| ☐ None - No reportable interests on any schedule | |
| 5. Verification | |
| MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document) | STATE ZIP CODE |
| 1999 HARRISON ST, OAKLA, | |
| (510) 340-9101 | E-MAIL ADDRESS |
| | wed this statement and to the best of my knowledge the information contained this is a public document. |
| I certify under penalty of perjury under the laws of the State of Californ | |
| Date Signed 3/25/17 Si | ignature(File the origin this igned statement with your filing official.) |

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Name |
| ANALE JARIE DULIEGE |

| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
|--|--|
| DYNAVAX GENERAL DESCRIPTION OF THIS BUSINESS | RELYPSA GENERAL DESCRIPTION OF THIS BUSINESS |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| 0: | |
| BIOTECH | BiOTECH |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$ \$2,000 - \$10,000 | \$2,000 - \$10,000 |
| S100,001 - \$1,000,000 Over \$1,000,000 | S100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Other | Stock Other |
| (Describe) Partnership () Income Received of \$0 - \$499 | (Describe) Partnership () Income Received of \$0 - \$499 |
| O Income Received of \$500 or More (Report on Schedule C) | Income Received of \$500 or More (Report on Schedule C) |
| | |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| 1 116 12 15 116 | 1 16 8 9 16 |
| | |
| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| MEDIVATION | COHERUS |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| | |
| BIOTECH | BIOTEGI |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 \ \$10,001 - \$100,000 | ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 |
| \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | |
| Stock Other | NATURE OF INVESTMENT Stock Stock OPTIONS |
| (Describe) | (Describe) |
| Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C) | Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) |
| , | C most to the control of the control of the port of conteque of |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | |
| <u> </u> | 8,9,16 8,9,16 |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| ONCOMED | ACTELION |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| 0. | |
| BISTECH | BICTECH |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 | ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 |
| \$100,001 - \$1,000,000 Over \$1,000,000 | S100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Other | Stock Clother |
| (Describe) | (Describe) |
| Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C) | Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) |
| 2 - Table 11 man proper an admit of | C mastria reserved of wood of more (report on scriedule o) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | / / 16 / / 16 |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| ' | 1 |
| Comments: | |

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Name |
| ANE-DARE DUCEGE |

| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
|--|--|
| FIVE PRINE THERAPEUTICS | |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| GENERAL DESCRIPTION OF THIS BOSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| BISTECH | BIOTECH |
| FAIR MARKET VALUE | |
| | FAIR MARKET VALUE \$\sqrt{4}\\$2,000 - \\$10,000 |
| \$2,000 - \$10,000 3 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 | |
| Φ100,001 - Φ1,000,000 Over Φ1,000,000 | S100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Other | Stock Other |
| (Describe) Partnership () Income Received of \$0 - \$499 | (Describe) |
| ☐ Faithership ☐ Income Received of \$500 or More (Report on Schedule C) | Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C) |
| | C masses of the post of advances of |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | |
| | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| GILFAD SCIENCES | JAZZ PHARTACEUTICAL |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| 0. | |
| BioTECH | BIOTECH |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| \$2,000 - \$10,000 \$\ \$10,001 - \$100,000 \$\ \$100,001 - \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 |
| _ | |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Other(Describe) | Stock Other(Describe) |
| Partnership O Income Received of \$0 - \$499 | Partnership () Income Received of \$0 - \$499 |
| O Income Received of \$500 or More (Report on Schedule C) | O Income Received of \$500 or More (Report on Schedule C) |
| | |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | |
| // | / |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| LEWSLETT PACKARD FATERRASE | MONSANTO |
| HEWLETT PACKARD ENTERPRISE GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| | |
| COMPUTERS | - AGRICUCTURAL |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 \$10,001 - \$100,000 | \$2,000 - \$10,000 \$\overline{\times}\$ \$10,001 - \$100,000 |
| \$100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 |
| | |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Other(Describe) | Stock Other(Describe) |
| Partnership () Income Received of \$0 - \$499 | Partnership O Income Received of \$0 - \$499 |
| O Income Received of \$500 or More (Report on Schedule C) | O Income Received of \$500 or More (Report on Schedule C) |
| IE ADDI IOADI E LIOT DATE | |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| / / 16 / / 16 | / / 16 / / 16 |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| , | I and the second |
| Comments: | |
| ~~mmone/- | |

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

| CALIFORNIA FORM | |
|-----------------|--------|
| Name | |
| ANNE-MARIE | DULITE |

| PORTOLA PHARMACEUTICAL GENERAL DESCRIPTION OF THIS BUSINESS | NAME OF BUSINESS ENTITY |
|---|--|
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| BIOTEC4 | PHARMA ŒUTICAL |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 | \$2,000 - \$10,000 |
| NATURE OF INVESTMENT Stock Other (Describe) | NATURE OF INVESTMENT Stock Other |
| Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) | (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | / |
| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| REGENERON PHARTS GENERAL DESCRIPTION OF THIS BUSINESS | SEATTLE GENETICS GENERAL DESCRIPTION OF THIS BUSINESS |
| BIOTECH. | BIOTECH. |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 \$100,000 Over \$1,000,000 | \$2,000 - \$10,000 \$\infty\$ \$10,001 - \$100,000 \$\infty\$ \$100,001 - \$1,000,000 \$\infty\$ Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Other(Describe) | Stock Other (Describe) |
| Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) | Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| <u> </u> | / |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| BFO TECH | A GRICUCTURAL |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| X \$2,000 - \$10,000 | ☐ \$2,000 - \$10,000 ※ \$10,001 - \$100,000 |
| S100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT Stock Other | NATURE OF INVESTMENT |
| (Describe) | (Describe) |
| ☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C) | Partnership C Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| / | |
| | DIGFOSED |

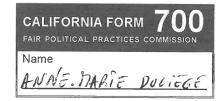
Comments: ___

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Name |
| ANNE-SARIE DULIEGE |

| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
|---|--|
| Anazon | BIDTARIN |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| | |
| E-COMMERCE | BIOTECH |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 | \$2,000 - \$10,000 X \$10,001 - \$100,000 |
| \$100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Other (Describe) | Stock Other(Describe) |
| Partnership O Income Received of \$0 - \$499 | Partnership O Income Received of \$0 - \$499 |
| O Income Received of \$500 or More (Report on Schedule C) | O Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | |
| 12,05,16 <u>, 16</u> ACQUIRED DISPOSED | // 16 |
| | |
| NAME OF BUSINESS ENTITY ANGEN | NAME OF BUSINESS ENTITY |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| | |
| BIOTECH. | DAM NETWORKING |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 | ☐ \$2,000 - \$10,000 ፩ \$10,001 - \$100,000 |
| \$100,001 - \$1,000,000 Over \$1,000,000 | ☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Other (Describe) | Stock Other |
| Partnership () Income Received of \$0 - \$499 | (Describe) ☐ Partnership ◯ Income Received of \$0 - \$499 |
| O Income Received of \$500 or More (Report on Schedule C) | Income Received of \$500 or More (Report on Schedule C) |
| | |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| BAYER | EXELIXIS |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| 0.10.2020.0 | n |
| PHARMACEUTICAL | BIOTECH |
| FAIR MARKET VALUE ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 | FAIR MARKET VALUE |
| \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 | \$2,000 - \$10,000 \$100,000 \$100,000 Over \$1,000,000 |
| | |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Other (Describe) | Stock Other(Describe) |
| Partnership O Income Received of \$0 - \$499 | Partnership O Income Received of \$0 - \$499 |
| ○ Income Received of \$500 or More (Report on Schedule C) | () Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| / / 16 / / 16 | , , 16 |
| ACQUIRED DISPOSED | |
| 11 | I |
| Comments: | |

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)



| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
|--|---|
| THERAVADEE BEOPHARMA | NETFLIX |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| | |
| BISTECH | ENTERTAIN STENT |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| ₹ 3 \$2,000 - \$10,000 | \$2,000 - \$10,000 \$\$(\$10,001 - \$100,000 |
| \$100,001 - \$1,000,000 Over \$1,000,000 | S100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | |
| NATURE OF INVESTMENT Stock Other | NATURE OF INVESTMENT Stock Other |
| (Describe) | (Describe) |
| Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C) | Partnership O Income Received of \$0 - \$499 |
| C Indottic Necessed of \$500 of Wore (Report on Schedule C) | O Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| · | |
| | |
| | ACQUIRED DISPOSED |
| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| OLTRAGENYX PHARMA GENERAL DESCRIPTION OF THIS BUSINESS | |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| BIO TECH | |
| | |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 \$10,001 - \$100,000 Over \$1,000,000 | \$2,000 - \$10,000 |
| S100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Other | Stock Other |
| (Describe) Partnership () Income Received of \$0 - \$499 | (Describe) Partnership () Income Received of \$0 - \$499 |
| O Income Received of \$500 or More (Report on Schedule C) | O Income Received of \$500 or More (Report on Schedule C) |
| | |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| //_16// 16 | 1 146 |
| / | |
| | NOGOINED BIOLOGED |
| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| INTEL | |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| SETTICON DUCTORS | |
| | |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 | \$2,000 - \$10,000 |
| S100,001 - \$1,000,000 Over \$1,000,000 | S100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Other | Stock Other |
| (Describe) Partnership () Income Received of \$0 - \$499 | (Describe) Partnership () Income Received of \$0 - \$499 |
| O Income Received of \$500 or More (Report on Schedule C) | O Income Received of \$500 or More (Report on Schedule C) |
| | |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | / _ / 16/ _ / 16 |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| ' | • |
| | |

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Name |
| ANNE-MARIF DULIEGE |

| NAME OF SOURCE OF INCOME | NAME OF COURSE OF MACAUS |
|---|--|
| | NAME OF SOURCE OF INCOME |
| PRIGEL PHARMACEUTICALS ADDRESS (Business Address Acceptable) IN 80 VETERANS SOUTH SAN FRANCISO CA 94080 BUSINESS ACTIVITY, IF ANY, OF SOURCE BIOTECH | COMERUS BIOS (IENCES ADDRESS (Business Address Acceptable) 201 REDWOOD SHORES PARKVAY, SUITE 20 REDWOOD CITY (A 94065 BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| YOUR BUSINESS POSITION EVP C 70 | YOUR BUSINESS POSITION CONSUCTANT |
| | - $ -$ |
| GROSS INCOME RECEIVED | GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) |
| Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of(Real property, car, boat, etc.) | Sale of(Real property, car, boat, etc.) |
| Loan repayment | (xear property, car, boat, etc.) Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) | (Describe) |
| Other(Describe) | Other CONSULTING FEES (Describe) |
| | (Describe) |
| * You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official startegular course of business must be disclosed as follows: | ending institutions, or any indebtedness created as part of a le lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's res: |
| * You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official state. | ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's |
| * You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official startegular course of business must be disclosed as follows: | ending institutions, or any indebtedness created as part of a le lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's res: |
| * You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follow NAME OF LENDER* | ending institutions, or any indebtedness created as part of a se lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's ses: INTEREST RATE TERM (Months/Years) |
| * You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follow NAME OF LENDER* | ending institutions, or any indebtedness created as part of a elender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's res: INTEREST RATE TERM (Months/Years) None None |
| * You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) | ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's sec. INTEREST RATE TERM (Months/Years) |
| * You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) | ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's res: INTEREST RATE TERM (Months/Years) SECURITY FOR LOAN None Personal residence |
| * You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER | ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's sec. INTEREST RATE TERM (Months/Years) Whome SECURITY FOR LOAN Personal residence Real Property Street address |
| * You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD | ending institutions, or any indebtedness created as part of a clender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's res: INTEREST RATE TERM (Months/Years) Whone SECURITY FOR LOAN None Personal residence Real Property Street address |
| * You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 | ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's sec. INTEREST RATE TERM (Months/Years) Whome SECURITY FOR LOAN Personal residence Real Property Street address |
| * You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 | ending institutions, or any indebtedness created as part of a clender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's res: INTEREST RATE TERM (Months/Years) Whone SECURITY FOR LOAN None Personal residence Real Property Street address |

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Name |
| ANNE-RARIE DOLIEGE |

| ▶ 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|---|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| CIRM | AFFYMAX |
| ADDRESS (Business Address Acceptable) 1939 HH RAISON ST, SUITE 1650 | ADDRESS (Business Address Acceptable) |
| OF ACTION STATES | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| PUBLIC ENTITY | BIOTECH |
| YOUR BUSINESS POSITION PENISER OF TNDEPEDENT | YOUR BUSINESS POSITION |
| CITIZENS OVERSIGHT COMMITTEE | CONSULTANT |
| GROSS INCOME RECEIVED No Income - Business Position Only | GROSS INCOME RECEIVED No Income - Business Position Only |
| \$500 - \$1,000 \(\sqrt{\$\sqrt{\qq}}}}}}}}} \end{\sqrt{\$\ext{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\exitt{\$\sqrt{\$\sq}}}}}}}}} \end{\sqrt{\$\sq}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}} \end{\sqrt{\$\sqrt{\sq}}}}}} \end{\sqrt{\$\sq}}}}} \sqrt{\$\sqrt{\$\sqrt{\$ | \$500 - \$1,000 |
| S10,001 - \$100,000 OVER \$100,000 | \$10,001 - \$100,000 OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income | CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income |
| (For self-employed use Schedule A-2.) | Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) |
| Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of | Sale of |
| (Real property, car, boat, etc.) | (Real property, car, boat, etc.) |
| | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) | (Describe) |
| Other PER D.E 97 PAYTENTS (Describe) | Other CONSULTING FEE (Describe) |
| .▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI | об |
| retail installment or credit card transaction, made in the | nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's s: |
| NAME OF LENDER* | INTEREST RATE TERM (Months/Years) |
| ADDRESS (Business Address Acceptable) | % None |
| / SENZES (Estances / Nacional / N | SECURITY FOR LOAN |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | None Personal residence |
| | |
| LUCLIEST DALANCE DUDING PEDODTING PEDIGO | Real PropertyStreet address |
| HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 | |
| \$1,001 - \$10,000 | City |
| \$1,001 - \$10,000 \$10,001 - \$100,000 | Guarantor |
| | |
| OVER \$100,000 | Other(Describe) |
| | (Decoribe) |
| Comments: | |

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION | |
|---|--|
| Name | |
| ANNE- SHATE DUCTEGE | |

| ► 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|--|--|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| OORJA PROTONICS | PHEO ALTO RECRETTION FOUNDATION |
| ADDRESS (Business Address Acceptable) 45473 WHRN SPRINGS BLVD | ADDRESS (Business Address Acceptable) NTER 1305 RIDDLE FIELD RD PAW ALTO CO |
| FREMONT CA 94539 | 1305 nigole FIEED RD, PALS ALTO CO |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| HIGH TECH | NON PROFIT |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| CONSULTAN | CONSUCTANT |
| GROSS INCOME RECEIVED No Income - Business Position Only | GROSS INCOME RECEIVED No Income - Business Position Only |
| □ \$500 - \$1,000 | \$500 - \$1,000\$1,001 - \$10,000 |
| S10,001 - \$100,000 OVER \$100,000 | S10,001 - \$100,000 OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) |
| Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of | Sale of |
| (Real property, car, boat, etc.) | (Real property, car, boat, etc.) |
| Loan repayment | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) | (Describe) |
| ` ′ | Other CONSULTING TEES |
| Other CONSULTING FEES (Describe) | (Describe) |
| 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI * Vou are not to reject to many of the reporting period. | |
| retail installment or credit card transaction, made in the | nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to |
| members of the public without regard to your official sta | itus. Personal loans and loans received not in a lender's |
| regular course of business must be disclosed as follows | S: |
| NAME OF LENDER* | INTEREST RATE TERM (Months/Years) |
| | % |
| ADDRESS (Business Address Acceptable) | |
| | SECURITY FOR LOAN |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | ☐ None ☐ Personal residence |
| | Real Property |
| HIGHEST BALANCE DURING REPORTING PERIOD | Street address |
| \$500 - \$1,000 | |
| \$1,001 - \$10,000 | City |
| \$10,001 - \$100,000 | Guarantor |
| OVER \$100,000 | _ |
| | Other(Describe) |
| | . , |
| Comments: | |
| | |